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Rural District of Horncastle



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1938

GEORGE A. W, NEILL, M.D., B.Ch., D.P.H.

Horncastle Rural District Council.

(1938 Mid-year).

Chairman:

*A. E. DUNHAM, Esq., J.P., C.C., The Grange, High Tointon.

Vice-Chairman:

*F. T. WALTER, Esq., "Beechdene," Coningsby.

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| *Rev. W. D. Chapman. | *Rev. H. D. Henderson. | Miss A. K. Roberts. |
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| Mr. C. E. Enderby. | *Mr. H. Poucher. | *Mr. J. T. Todd. |
| Mr. W. A. Evison, C.C. | Mr. G. E. Read, J. P., | |
| *Mr. E. F. Farrow. | C.A. | |

GENERAL PURPOSES AND HOUSING COMMITTEE.

Chairman:

A. E. DUNHAM, Esq.

(and those members of the Council marked with asterisk (*).)

OFFICIALS:

Clerk:

J. E. CHATTERTON, Esq.

Deputy Clerk:

Mr. F. A. DAY.

Medical Officer of Health:

G. A. W. NEILL, M.D., B.Ch., B.A.O., D.P.H. (App. 1/4/38).

J. V. BUCHANAN, M.B., Ch.B. (Relinquished appointment 31/3/38).


Sanitary Inspector and Building Surveyor:

J. H. HOLMES, M.S.I.A. (Retd. 30th Sept., 1938).

A. E. SWEETING, Cert.S.I.B., A.R.San.I., M.S.I.A. (App. 1st Oct., 1938).

Assistant Sanitary Inspector:

C. H. CONWAY (Relinquished appointment 30th Sept., 1938).



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TO THE CHAIRMAN AND MEMBERS

Horncastle Rural District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you the Annual Report of the Medical Officer of Health for the Year ended 31st December, 1938. The report has been prepared in accordance with the provisions of the Sanitary Officers (outside London) Regulations, 1935, Article 17 (5) and the Sanitary Officers Order, 1926, Article 14 (3). The form of the report is that indicated by the Minister of Health in his Circular No. 1728, of the 25th October, 1938, regarding the contents of the Reports of Medical Officers of Health for 1938.

This is the first Annual Report I have been privileged to present to you but on reviewing it I cannot but experience a feeling of disappointment that I have not been able to report a greater measure of progress during the year. One factor largely responsible for this was the absence of much essential data concerning the district combined with the method of record-keeping in use when I took up duties here. The latter was far below the standards set by modern accepted administrative practice. The other major factor is constituted by the realization that the financial circumstances of the Rural District preclude the spending of any considerable sum without an immediate return on account of the heavy increase in the General Rate incurred. Hence the newcomer is reluctant to initiate any progressive scheme, however small, which would leave him open to accusation of over-zealous enterprise.

The Vital Statistics of the Rural District are on the whole satisfactory and do not suggest any abnormal amount of ill health during the year. The maternity and infantile mortality figures are not so satisfactory but here the question of their exact significance in a small community must be considered. Perhaps a truer index would be obtained from a 10 years average of the figures in question. The Clinical Health Services in the area are, on the whole, adequate for its needs.

The "Sanitary Circumstances," however, are far from approaching the ideal even for a Rural District and to bring them into line with modern requirements is proving to be an Augean task. On reviewing this section of the report it would appear to resemble one prepared by one of the pioneer Medical Officers of Health in the middle of the nineteenth century rather than a report for 1938. It must be difficult for a townsman to realise that there exist in England to-day houses where the only supply of water comes from a water course which takes the drainage from roads and provides bathing facilities for cattle. It is manifestly impossible for the Council to embark unaided on a large water scheme in view of the financial resources available. The only hope, then, for an early mitigation of this evil lies in substantial assistance from Higher Authorities. In the larger villages a water carriage system of sewage disposal would be advantageous but a water supply is axiomatic to this. It would seem that a vicious circle has been established. A lack of water postulates privies and cesspools, which in turn pollute the shallow wells which are at present the inadequate apology for a water supply. The provision of a piped supply would break this circle.

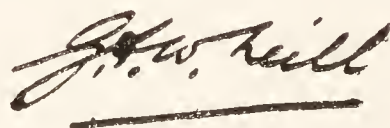
Again when considering the Housing conditions of the area the general standards at present existing are extremely low. During 1938 a start towards improvement has been made by the inspection of the most defective houses and the preparation of a scheme for replacing or repairing them. It is in dealing with housing problems that the lack of more precise data relating to what had been done previously has been felt most acutely. However, every effort is being made to make up the leeway. The provision of 14 new Council houses during the year is a matter for satisfaction.

The district was reasonably free from any serious outbreak of infectious disease during the year, while the number of notifications of Tuberculosis is not such as to cause any anxiety.

I should like to take this opportunity of expressing my appreciation of the work done by my Sanitary Inspector, Mr. A. E. Sweeting, since his appointment in October, particularly in connection with the revision and preparation of much needed records. I should also like to congratulate Mr. J. H. Holmes on completing 42 years' service with this Authority and his assistant, Mr. C. Conway, on attaining a senior appointment. Furthermore I wish to thank all those who have assisted and co-operated with me during 1938.

I have the honour to be, Gentlemen,

Your obedient Servant.

A handwritten signature in dark ink, appearing to read 'J. H. W. Hill', with a horizontal line underneath.

29th June, 1939.
Public Health Office,
Horncastle,
Lincs.

M.D., D.P.H.,
Medical Officer of Health,
Horncastle Rural District.

SECTION A.

Statistics and Social Conditions of the Rural District.

AREA OF RURAL DISTRICT: 114,629 acres.

POPULATION, 1931 CENSUS: 11,619.

Mid-1938 (Estimated): 11,160. (Figure supplied by Registrar-General for calculation of Birth, Mortality and Death rates.)

DENSITY OF POPULATION: .097 persons per acre.

NUMBER OF INHABITED HOUSES: 3,454.

SUM REPRESENTED BY PENNY RATE: £113 18s. 8³d.

RATEABLE VALUE OF RURAL DISTRICT: £27,717.

SOCIAL CONDITIONS.

The Rural District being situated in one of the most agricultural counties of England, depends for its prosperity on the resources of land. Consequently at present there is little actual unemployment but, owing to the agricultural depression now existing, the standard of living is comparatively low for all classes of the community. This cannot but have an adverse effect on the health of the inhabitants.

Apart from some gravel pits in the southern portion of the area and a sugar beet factory just outside it, there is no industrial employment for the inhabitants. Indeed, both these share the disadvantages of agriculture in that the one is dependent on the weather and the other is seasonal. It will be seen therefore that the Rural District does not experience the alternative cycles of prosperity and depression of the industrial areas.

EXTRACTS FROM VITAL STATISTICS FOR 1938.

LIVE BIRTHS.

| | | | | | | | | Males. | Females | Total. |
|--------------|-----|-----|-----|-----|-----|-----|-----|--------|---------|-----------------|
| Legitimate | ... | ... | ... | ... | ... | ... | ... | 78 | 82 | 160 |
| Illegitimate | ... | ... | ... | ... | ... | ... | ... | 5 | 1 | 6 |
| | | | | | | | | | | <hr/> 166 <hr/> |

Birth Rate per thousand estimated resident population: 14.87.

STILL BIRTHS.

| | | | | | | | | Males. | Female. | Total. |
|--------------|-----|-----|-----|-----|-----|-----|-----|--------|---------|----------|
| Illegitimate | ... | ... | ... | ... | ... | ... | ... | — | — | — |
| Legitimate | ... | ... | ... | ... | ... | ... | ... | 7 | 1 | 8 |
| | | | | | | | | | | <u>8</u> |

| | | |
|---|-----|-------|
| Still Birth Rate per thousand total (Live and Still Births) ... | ... | 45.98 |
| Total Birth Rate (Live and Still) per thousand population ... | ... | 15.59 |

DEATHS.

| Males. | Females. | Total. |
|---|----------|--------|
| 78 | 65 | 143 |
| (Crude Death Rate per thousand population: 12.80) | | |
| Death Rate per thousand Estimated Population: 9.85. | | |
| (Corrected Death Rate). | | |

MATERNAL MORTALITY.

Number of Women dying as a result of childbirth.
(Headings No. 29 and No. 30 in the Registrar General's Short List).

| | | Deaths. | Rates per 1,000 total births. |
|--------------------------------|-----|----------|----------------------------------|
| No. 29. Puerperal Sepsis | ... | 0 | 0.00 |
| No. 30. Other Puerperal Causes | ... | 2 | 11.49 |
| | | <u>2</u> | <u>11.49</u> |

Maternal Mortality Rate per 1,000 total Births (Live and Still)—11.49.

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE.

(There were 11 deaths of infants under one year of age.)

| | | |
|--|-----|--------|
| All infants per 1,000 live births | ... | 66.27 |
| Legitimate infants per 1,000 Legitimate births | ... | 62.50 |
| Illegitimate infants per 1,000 Illegitimate births | ... | 166.67 |

OTHER STATISTICS.

| | | |
|-------------------------------|-----|----|
| Deaths from Cancer (all ages) | ... | 24 |
| Measles (all ages) | ... | 0 |
| Whooping Cough | ... | 0 |
| Diarrhoea (under 2 years) | ... | 0 |
| Heart Disease (all ages) | ... | 40 |

LOCAL STATISTICS.

These can best be appreciated after a careful study of Table I. Here it will be seen that the estimated population has shewn a small annual decrease, averaging about 80 per annum for the past six years. Examination of the Birth and Death rate columns of the table reveals that this fall is not due to a decreasing birth rate or to a rising death rate. It is probably due to the combination of circumstances known as "the drift from the land." The column relating to maternal mortality is interesting in that although the comparative figures (see Table II) are unduly high were an average of the six years in question to be taken the figure so obtained would compare favourably with a similar average for the other statistical areas. The infantile mortality column calls for similar comment.

Table II shows a comparison between the Local Statistics of Horncastle Rural District and England and Wales as well as 2 other defined statistical regions. It will be seen that in general all the figures for the Rural District compare most favourably with these other areas, except the Still birth rate, the Infantile mortality figure and the maternal morbidity and mortality rates. These figures are liable to heavy fluctuations through one recorded death or one notification of puerperal sepsis in a district this size, and consequently are not so alarming as they appear at first sight. At the same time, the question arises "Might not these figures have been favourable had fuller use been made of the existing County Maternity and Child Welfare Scheme?" If any measure is to be taken to improve these figures in the future it should be to educate the public to take advantage of this Scheme.

In Table III the 143 deaths which occurred in the district are analysed into the 36 causes of the Registrar General's Short List.

Of the causes shown, Heart Disease takes pride of place as "Captain of the Men of Death," with 40 victims. Cancer with 24 follows, while Tuberculosis with a total of 3 deaths shows the lowest figure but one for ten years.

It is interesting to note the great preponderance of deaths from Heart Disease and "other circulatory diseases." In industrial areas such a preponderance might be attributed to the stress of the times in which we live, but it is almost certain that such an interpretation would be fallacious in an area situated so far from the madding crowd as the Rural District. Perhaps the answer lies in the fact that many of the deaths attributed to heart disease were in fact due to senility, or the ultimate disintegration of the human machine. Therefore it would seem that a large proportion of the population of the Rural District escape the hazards of early life, surrendering to the inevitable only through final wearing out of an essential, but highly stressed, part of the body.

The number of deaths from Cancer, 24, was above the average for the past ten years (19) and was the highest but one recorded during that period, giving an equivalent mortality rate of 2.15 per thousand population. While a rise in the mortality rate of any disease such as Cancer is disturbing, it is difficult to find any cause to which it is attributable in a scattered area.

TABLE I.
VITAL STATISTICS FOR HORNCASTLE RURAL DISTRICT FOR THE PAST SIX YEARS.

| Year | Estimated Population | Live Births | | Deaths | | | Maternal Deaths | Infantile Mortality Figure. |
|------|-------------------------|-------------|-------|--------|---------------|------------------|--------------------|-----------------------------------|
| | | Number | Rate | Number | Crude Rate | Adjusted Rate | | |
| 1933 | 11600 | 178 | 15.4 | 167 | 14.4 | * | 0 | 39. |
| 1934 | 11590 | 169 | 14.6 | 146 | 12.6 | * | 0 | 106.9 |
| 1935 | 11500 | 179 | 15.5 | 136 | 11.7 | * | 1 | 27.9 |
| 1936 | 11420 | 185 | 16.2 | 126 | 11.03 | * | 0 | 48.64 |
| 1937 | 11230 | 156 | 13.9 | 147 | 13.09 | * | 0 | 38.46 |
| 1938 | 11160 | 166 | 14.87 | 143 | 12.80 | 9.85 | 2 | 66.27 |

* Figures not available.

NOTE.—All rates per 1,000 estimated population.

Infantile Mortality figure per 1,000 Live Births.

TABLE II.

Birth-rates, Death-rates, Analysis of Mortality, Maternal Death-rates and Case-rates for certain Infectious Diseases for the year 1938.

England and Wales, London, 126 Great Towns and 148 Smaller Towns, compared with Horncastle Rural District.

(Provisional Figures based on Weekly and Quarterly Returns.)

| | England and Wales | 126 County Boro's and Great Towns including London | 148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census) | London Administrative County | Horncastle Rural District. |
|--|--|--|--|------------------------------------|-------------------------------|
| | Rates per 1,000 Population. | | | | |
| Births:— | | | | | |
| Live | 15.1 | 15.0 | 15.4 | 13.4 | 14.87 |
| Still | 0.60 | 0.65 | 0.60 | 0.49 | 0.74 |
| Deaths:— | | | | | |
| All Causes | 11.6 | 11.7 | 11.0 | 11.4 | 9.85 |
| Typhoid and Para typhoid Fevers .. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Smallpox | 0.00 | — | 0.00 | — | 0.00 |
| Measles | 0.04 | 0.05 | 0.03 | 0.06 | 0.00 |
| Scarlet Fever .. | 0.01 | 0.01 | 0.01 | 0.01 | 0.00 |
| Whooping Cough .. | 0.03 | 0.03 | 0.02 | 0.03 | 0.00 |
| Diphtheria | 0.07 | 0.07 | 0.06 | 0.05 | 0.00 |
| Influenza | 0.11 | 0.10 | 0.11 | 0.06 | 0.09 |
| Notifications:— | | | | | |
| Smallpox | 0.00 | 0.00 | 0.00 | — | 0.00 |
| Scarlet Fever .. | 2.41 | 2.60 | 2.58 | 2.05 | 1.08 |
| Diphtheria | 1.58 | 1.85 | 1.53 | 1.90 | 0.18 |
| Enteric Fever .. | 0.03 | 0.03 | 0.04 | 0.05 | 0.00 |
| Erysipelas | 0.40 | 0.46 | 0.39 | 0.46 | 0.18 |
| Pneumonia | 1.10 | 1.28 | 0.98 | 0.98 | 1.08 |
| | Rates per 1,000 Live Births. | | | | |
| Deaths under 1 year of age | 53 | 57 | 51 | 57 | 66.27 |
| Deaths from Diarrhoea and Enteritis under 2 years of age | 5.5 | 7.8 | 3.6 | 13.1 | 0 |
| Maternal Mortality:— | | | | | |
| Puerperal Sepsis .. | 0.89 | Not available | | | 0 |
| Others | 2.19 | | | | 12.05 |
| Total | 3.08 | | | | 12.05 |
| | Rates per 1,000 Total Births (i.e. Live and Still) | | | | |
| Maternal Mortality:— | | | | | |
| Puerperal Sepsis .. | 0.86 | Not available | | | 0 |
| Others | 2.11 | | | | 11.49 |
| Total | 2.97 | | | | 11.49 |
| Notifications:— | | | | | |
| Puerperal Fever } Puerperal Pyrexia } | 14.42 | 18.08 | 12.51 | { 3.53 15.46 | 22.98 |

TABLE III.

Showing Causes of Death as given in the Registrar-General's Short List

| Short List No. | Cause of Death. | Males. | Females. | Total |
|-------------------|--|--------|----------|-------|
| 1. | Typhoid and Para-typhoid fevers... | — | — | — |
| 2. | Measles | — | — | — |
| 3. | Scarlet Fever | — | — | — |
| 4. | Whooping Cough | — | — | — |
| 5. | Diphtheria | — | — | — |
| 6. | Influenza | — | 1 | 1 |
| 7. | Encephalitis Lethargica | 1 | — | 1 |
| 8. | Cerebro-Spinal Fever | — | — | — |
| 9. | Tuberculosis of Respiratory System | 1 | 1 | 2 |
| 10. | Other Tuberculosis | 1 | — | 1 |
| 11. | Syphilis | — | — | — |
| 12. | General Paralysis of the Insane | | | |
| | Tabes Dorsalis | — | — | — |
| 13. | Cancer | 11 | 13 | 24 |
| 14. | Diabetes | — | — | — |
| 15. | Cerebral Hæmorrhage | 0 | 3 | 3 |
| 16. | Heart Disease | 19 | 21 | 40 |
| 17. | Aneurysm | 1 | — | 1 |
| 18. | Other Circulatory Diseases | 8 | 4 | 12 |
| 19. | Bronchitis | 2 | 1 | 3 |
| 20. | Pneumonia (all forms) | 4 | 6 | 10 |
| 21. | Other Respiratory Diseases | 0 | 1 | 1 |
| 22. | Peptic Ulcer | 1 | — | 1 |
| 23. | Diarrhœa (under 2 years) | — | — | — |
| 24. | Appendicitis | — | — | — |
| 25. | Cirrhosis of the Liver | 2 | — | 2 |
| 26. | Other Liver Diseases | — | — | — |
| 27. | Other Digestive Diseases | 2 | 1 | 3 |
| 28. | Acute and Chronic Nephritis | — | 1 | 1 |
| 29. | Puerperal Sepsis | — | — | — |
| 30. | Other Puerperal Diseases | — | 2 | 2 |
| 31. | Congenital Debility, Premature Birth, etc. | 5 | 3 | 8 |
| 32. | Senility | 4 | — | 4 |
| 33. | Suicide | 2 | — | 2 |
| 34. | Other Violence | 4 | 3 | 7 |
| 35. | Other Defined Causes | 9 | 4 | 13 |
| 36. | Causes Ill-Defined or Unknown | 1 | — | 1 |
| TOTALS | | 78 | 65 | 143 |

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES
IN THE RURAL DISTRICT.

NURSING IN THE HOME.

There are six District Nurses employed in the Rural District. They are resident at Gipsy Bridge (for Wildmore), Revesby, Tetford, Tattershall, Wragby and Wispington, and act under the County Council's scheme for the provision of midwives. Those parishes not covered by

these nurses receive the services of those from adjoining districts such as Horncastle Urban District and Welton or Spilsby Rural Districts. The County Council's Infectious Diseases Nurse is available for home nursing of certain infectious diseases.

LABORATORY FACILITIES.

These are provided by the Lindsey County Council at the County Laboratory at Lincoln. This service is most excellent but suffers the grave disadvantage of being 20 miles from the administrative centre of the Rural District. In a district such as this, where water supplies are often of such a dubious quality as to call for constant bacteriological supervision, a centrally situated laboratory is almost essential, while the primitive nature of the sanitary arrangements in many of the villages render control of infectious disease extremely difficult in the absence of means of carrying out bacteriological investigations on the spot. The provision of a small bacteriological laboratory would be of the greatest value in maintaining the Public Health of the district.

AMBULANCE FACILITIES.

(a) Accident and General.

There is an Ambulance maintained by the British Red Cross Society at Mr. Friskney's Garage, West Street, Horncastle. This is available to Residents in the Rural District.

(b) Infectious Diseases.

Although there is no infectious disease Ambulance in the Rural District, an adequate and highly satisfactory service is available from the North East Lindsey Joint Hospital Board, on which the Council is represented.

TREATMENT CENTRES AND CLINICS.

The Lindsey County Council as Education Authority, Maternity and Child Welfare Authority and Authority administering the Tuberculosis Scheme, maintains the appropriate Treatment Centres and provides the other services ancillary to these.

The principal Clinic serving the district is situated at Rolleston House, Horncastle. In addition, the Residents of the Rural District are served by the clinics at Lincoln, Market Rasen, Louth and Spilsby. It should be noted that the Medical Officer of Health of the Rural District also holds the appointment of Assistant County Medical Officer in charge of the Horncastle and Lincoln clinics. As these clinics serve the major portion of the Rural district this arrangement greatly facilitates the co-ordination between the clinical work of the County Scheme and the Routine Record keeping of the Rural District. While the Rural District is fairly well served by the above mentioned Clinics there exists in the Southern portion a definite need for the establishment of a Centre to serve this portion. The large parishes of Coningsby, Tattershall and Wildmore could be much more effectively served from a Clinic situated at, say, Coningsby or Woodhall Spa, as the lack of travelling facilities to Horncastle or Lincoln is apt to deter attendance in some cases where it would be advisable.

MATERNITY AND CHILD WELFARE.

Centres for the examination and supervision of nursing and expectant mothers as well as infants and toddlers are held weekly at the Horncastle and Lincoln clinics under the supervision of a lady Assistant County Medical Officer with special experience in this work. Through these Centres supplies of dried milk can be obtained at cost price and below cost in necessitous cases, and "Home Helps" are provided where the mother of a large family is incapacitated by pregnancy or confinement and poverty precludes the payment of Help.

In the case of children with defects requiring Specialist treatment, such as Deformities, Squint or Tonsils and Adenoids, arrangements for this can be made through the Centre.

The County Council's Health Visitors carry out visitation in the home in the Rural District in those cases where this is necessary.

ARRANGEMENTS FOR THE TREATMENT OF SCHOOL CHILDREN.

As in the case of the Maternity and Child Welfare Scheme, this is arranged through the County Council Clinics. Facilities exist for the correction of Dental and Visual defects at these Clinics as well as arranging for the treatment of Ear, Nose, and Throat conditions, deformities and rheumatic diseases. Actino therapy is also available. The medical inspection of the Children at Schools is carried out under the same arrangements.

TUBERCULOSIS CLINICS AND DISPENSARIES.

Facilities for the prevention and treatment of tuberculosis are also provided by the County Council. This includes X-ray investigation of doubtful cases and, where necessary, domiciliary consultations with the Assistant County Tuberculosis Officer as well as the supervision of established cases. The arrangement of Institutional treatment is carried out through the Dispensary, as is the provision of extra nourishment in needy cases.

DENTAL TREATMENT.

This is available at the clinics for School children, nursing and expectant mothers and persons suffering from Notified Tuberculosis who are on the Dispensary Register.

TIMES AND DAYS OF CLINICS.

The above mentioned facilities are available as follows:—

| | Day and Time. | |
|-------------------------------------|--------------------|------------------|
| Clinic. | Horncastle. | Lincoln. |
| Dental | By arrangement. | By arrangement. |
| Maternity and Child Welfare | Tuesdays, 2 p.m. | Fridays, 10 a.m. |
| Ophthalmic | By arrangement. | By arrangement. |
| School Clinic (Minor Ailment) | Thursdays, 10 a.m. | Fridays, 10 a.m. |
| Tuberculosis | Thursdays, 10 a.m. | Fridays, 10 a.m. |

The County Council's scheme makes available for persons resident in Horncastle Rural District the following Centres and Clinics:—

- Orthopædic: At Spilsby.
- Rheumatic and Heart Diseases: At Gainsborough.
- Venereal Diseases: At Beaumont Fee, Lincoln.

HOSPITALS.

Public Assistance Hospitals.

These are provided adequately by the Lindsey County Council.

General Voluntary Hospitals.

The Rural District is served by:

(a) The Horncastle War Memorial Hospital of 13 beds and 2 cots, which is in the centre of the district.

(b) The Lincoln County Hospital, which collects in the western portion of the Rural District.

(c) The Boston General Hospital, which is conveniently situated to the south-eastern part.

In addition the Residents of the Rural District receive treatment at the Louth Hospital and at the Spilsby Cottage Hospital. It will be seen therefore that the Rural District is satisfactorily served as all these Hospitals are adequately equipped to deal with Medical and Surgical conditions both Acute and Chronic.

INFECTIOUS DISEASES HOSPITALS.

Although no Isolation Hospital exists in the Rural District, it is adequately served by the North East Lindsey Joint Hospital Board, with which the Rural District Council has an agreement and to which a precept on the General Rate is paid. The Board maintains a small hospital at Osgodby, near Market Rasen, where Scarlet Fever and Diphtheria cases are treated. Accommodation for cases of other infectious diseases occurring in the district and requiring hospital treatment is arranged by the Hospital Board in other institutions (usually the Grimsby Corporation Hospital at Scartho). This arrangement has proved most satisfactory, principally on account of the willing co-operation of the Hospital Board, its officials and particularly its Medical Officer, Dr. Frazer.

The difficulties likely to arise from the removal of cases of infectious diseases to hospital (which were described in detail in the Special Report of the Medical Officer of Health, dated 18th of November, 1938) have now been completely removed by a resolution of the Council at its meeting on 20th December, 1938. Smallpox Hospital accommodation is available through the Lincoln and Lindsey Joint Smallpox Hospital Board, of which the Rural District Council is a constituent Authority. Its institution is also at Osgodby.

TUBERCULOSIS HOSPITALS.

As with all other arrangements for the treatment of Tuberculosis, Hospital and Sanatorium Treatment are arranged by the Lindsey County Council either in its own institutions at Branston, Louth, or Brumby or by arrangements with other Authorities.

MATERNITY HOSPITALS.

Maternity Hospital treatment is provided by the County Council as Maternity and Child Welfare Authority.

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA.

(Including the report furnished by the Sanitary Inspector in accordance with The Sanitary Officers (Outside London) Order 1935, Art. 27, (18).

WATER SUPPLIES.

The present situation regarding water supplies in the Rural District is one which gives rise to considerable concern amongst those responsible for the Health of the district. Of the 63 parishes in the Rural District only 8 receive a piped water supply. Three of these, Hemingby, Thornton and West Ashby, are in the Statutory area of supply of the Horncastle Water Company, from which parts of them receive water. The other five, East Barkwith, West Barkwith, Wragby, Panton, and Langton by Wragby, receive theirs from a small supply operated by the Rural District Council. The gathering ground is a series of springs at Benniworth. The water is of excellent quality and shows on bacteriological examination:

| | | | | | | |
|------------------------------|-----|-----|-----|-----|-----|----|
| Number of bacteria per cc. | | | | | | |
| On agar 48 hours at 22 C. | ... | ... | ... | ... | ... | 83 |
| On agar 48 hours at 37 C. | ... | ... | ... | ... | ... | 7 |
| B. Coli absent in 100 cc. | | | | | | |
| B. Welchii absent in 100 cc. | | | | | | |

Sample taken 26th April, 1938.

A chemical analysis was satisfactory also, but showed 13.0 parts per 100,000 of temporary hardness.

The remainder of the district is supplied from shallow wells which are, in almost every case, polluted. In some places there are "Parish Pumps," which form a public supply of sorts, but in most cases the wells are privately owned.

Samples were taken from wells, both public and private, in the following parishes:

| Parish. | No. of Samples. | | | Satisfactory. | Unsatisfactory. |
|----------------|-----------------|-----|----|---------------|-----------------|
| Stixwoud | ... | ... | 1 | 0 | 1 |
| Horsington | ... | ... | 1 | 0 | 1 |
| Langton | ... | ... | 1 | 0 | 1 |
| Tattershall | ... | ... | 2 | 1 | 1 |
| Bucknall | ... | ... | 1 | 0 | 1 |
| Wildmore | ... | ... | 1 | 0 | 1 |
| Mareham-le-Fen | ... | ... | 1 | 0 | 1 |
| Thimbleby | ... | ... | 2 | 1 | 1 |
| | | | 10 | 2 | 8 |

It will be seen that of 10 samples taken 8 were unsatisfactory and in fact the analysis of several of them showed evidence of heavy pollution. Apart altogether from the question of quality of the water supplies in the Rural District, in many places, there is a serious shortage of water in periods of drought. So bad did this become in April, 1938, in the parish of Bucknall that water was carted and sold to the inhabitants at a halfpenny per bucketful. The first source from which this supply was obtained was about three miles out of the parish and was found to be polluted; finally water had to be carted from Wragby, 8 miles away, to ensure a pure supply.

In the "Fen" parishes in the southern portion of the district the shortage is an annual seasonal problem as in many places the inhabitants are forced to drink from rain water collecting tanks or from water courses draining agricultural land. In the parish of Coningsby there is considerable irony in the situation that such modern conveniences as gas and electric light are available but the elementary necessity of a decent water supply is wanting.

It is in this connection particularly that the need of a small laboratory situated in the Rural District is most felt. It is proposed to survey the majority of wells in the Rural District with a view to ascertaining a true estimate of the state of the water supplies. Considerable delay, however, in carrying out this Scheme results from the difficulty of collecting the samples and then dispatching them with sufficient speed to the County Laboratory. If Bacteriological Examinations could be done in Horncastle much of this delay would be avoided apart from a considerable saving in the cost per sample.

The Rural District Council has taken a serious view of the situation regarding water supplies in the area and has engaged a Consulting Engineer to prepare a scheme to supply the greater part of the district. However, when this scheme is prepared it is obvious that a district such as this, where the product of a penny rate is £115, will be unable to put it into operation without considerable financial assistance from higher Authorities. It is to be greatly hoped that this will be forthcoming at an early date, for as long as the present situation continues it constitutes a potential menace to the health of a large part of the Rural District.

SEWAGE DISPOSAL.

As a consequence of the unsatisfactory situation regarding water supplies there is no general sewage disposal scheme in the Rural District. In the parish of Coningsby there is a small scheme serving some ten houses and consisting of a septic tank and tipper with filtration through land; this constitutes the only sewage disposal scheme in the Rural District. In several other parishes there are some surface water drains, locally known as sewers, but these cannot be said to constitute a proper sewage system.

RIVERS AND STREAMS.

The river Bain runs through the district but as there are no large factories situated in its vicinity it does not receive any quantity of Industrial wastes. In addition, in the southern parishes there are a number of waterways or drains which flow into the River Witham, which forms the southern boundary of the Rural District. Apart from the contamination which is inevitable from their function of draining highly cultivated agricultural land there is no evidence of serious pollution. An investigation was carried out in September, 1938, on one of these "Drains" in the parish of Wildmore. This was done as the result of a complaint that the effluent of certain cesspools were reaching the waterway. Each cesspool in the area was liberally treated with Fluorescine and observations were made at intervals. The results of this proved negative and it must be accepted that the allegation was fallacious.

CLOSET ACCOMMODATION.

Whilst there are quite a number of water closets in the area at the larger type houses, the closet accommodation consists chiefly of privy middens, vaults and pail closets.

In two instances privy middens were converted to the water carriage system. The encouragement of the conversion of privies to W.C.s is difficult owing to the fact that the greater part of the area is served by private wells—there being no piped public water supply—and to provide adequate flushing for any W.C. installed it is necessary to provide a high level water storage tank, pump and piping in addition to the usual W.C. fittings.

HOUSE REFUSE COLLECTION.

In all parishes, with the exception of Wragby, house refuse is disposed of by the householders themselves. So far as the parish of Wragby is concerned, tins and similar materials are collected and disposed of by contract. Nightsoil is also dealt with by the householders and is used chiefly for manuring purposes.

Owing to the very size of the district and the scattered nature of the various parishes, house refuse and nightsoil collection by this local authority is impracticable from an economic point of view and the method in force at the present time is proving satisfactory.

**SANITARY.
INSPECTION OF THE RURAL DISTRICT.
TABLE IV.**

| | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|------|
| Number of houses and premises inspected | ... | ... | ... | ... | ... | ... | 358 |
| „ „ houses and premises re-inspected | ... | ... | ... | ... | ... | ... | 516 |
| „ „ visits to works in progress | ... | ... | ... | ... | ... | ... | 15 |
| „ „ „ to slaughterhouses | ... | ... | ... | ... | ... | ... | 68 |
| „ „ „ to dairies, cowsheds and milkshops | ... | ... | ... | ... | ... | ... | 238 |
| „ „ „ to bakehouses | ... | ... | ... | ... | ... | ... | 19 |
| „ „ „ to factories and workshops | ... | ... | ... | ... | ... | ... | 59 |
| „ „ „ re infectious disease | ... | ... | ... | ... | ... | ... | 7 |
| „ „ „ to disinfect after infectious disease and others | ... | ... | ... | ... | ... | ... | 9 |
| „ „ „ to shops | ... | ... | ... | ... | ... | ... | 59 |
| „ „ „ to offensive trade premises | ... | ... | ... | ... | ... | ... | 6 |
| Total | ... | ... | ... | ... | ... | ... | 1354 |

NOTICES SERVED.

| | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|----|
| Informal notices served | ... | ... | ... | ... | ... | ... | 67 |
| Statutory notices under Sect. 9. of the Housing Act, 1936 | ... | ... | ... | ... | ... | ... | 1 |
| Total | ... | ... | ... | ... | ... | ... | 68 |

SANITARY IMPROVEMENTS CARRIED OUT.

| | | | | | | | | |
|----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| Drains repaired, cleansed etc. | ... | ... | ... | ... | ... | ... | ... | 3 |
| Drains re-laid | ... | ... | ... | ... | ... | ... | ... | 1 |
| New soil or vent pipes fixed | ... | ... | ... | ... | ... | ... | ... | 31 |
| Privies converted to W.C.'s | ... | ... | ... | ... | ... | ... | ... | 2 |
| Privy or W.C. buildings repaired | ... | ... | ... | ... | ... | ... | ... | 3 |
| New wells sunk | ... | ... | ... | ... | ... | ... | ... | 29 |
| Wells repaired | ... | ... | ... | ... | ... | ... | ... | 3 |
| Wells closed | ... | ... | ... | ... | ... | ... | ... | 2 |
| Yards paved or paving repaired | ... | ... | ... | ... | ... | ... | ... | 4 |
| Cesspools rendered impervious | ... | ... | ... | ... | ... | ... | ... | 11 |
| Cesspools emptied, cleansed etc. | ... | ... | ... | ... | ... | ... | ... | 197 |
| New sewers laid | ... | ... | ... | ... | ... | ... | ... | 2 |
| Accumulations removed | ... | ... | ... | ... | ... | ... | ... | 3 |
| Ditches and ponds cleansed | ... | ... | ... | ... | ... | ... | ... | 5 |
| Animals removed | ... | ... | ... | ... | ... | ... | ... | 4 |
| Dampness remedied | ... | ... | ... | ... | ... | ... | ... | 25 |

COMMON LODGING HOUSES.

As there are none of these in the Rural District, no action has been necessary under this head.

SHOPS ACT.

No action has been necessary or taken in regard to the Shops Act.

SMOKE ABATEMENT.

The Rural District not being a factory area, no action has been necessary under this head.

SWIMMING BATHS.

There are no public swimming baths in the Rural District.

BUG ERADICATION.

One house was reported to be infested but examination showed no definite evidence of this.

However, fumigation was carried out with Sulphur Dioxide and Formalin by the Council and no further complaint was received.

SCHOOL HYGIENE.

There are 28 schools in the Rural District, many of them are dilapidated and insanitary, but the situation is in many parts being relieved by the provision of Senior Schools at certain of the larger centres. It is perhaps at the schools that the need of a water supply for the district is most evident. Some schools have privy middens which stink to heaven others have infrequently emptied pail closets. At most the provision of washing facilities is most primitive. The Teachers, in spite of all this do marvellous work attempting to inculcate ideas of Hygiene and cleanliness into the children but it is not surprising to hear an occasional expression of discouragement in some such remark as "How can the children be taught to wash and keep themselves clean when there is so little water?"

FACTORIES AND WORKSHOPS.

(Included in Report under Factories Act 1937, Sect. 128.)

There are 36 factories with, and 21 without, mechanical power in the Rural District. These are well maintained, and no serious defect was found during 1938.

The results of inspection are set out below in Table V.

TABLE V.

INSPECTION OF FACTORIES FOR PURPOSES OF PROVISIONS AS TO HEALTH.

(Including those made by Sanitary Inspector.)

| (1) | | | | Inspections. | Written Notices. | Owners Prosecuted. |
|---------------------------------|--|--|--|--------------|------------------|--------------------|
| (1) | | | | (2) | (3) | (4) |
| Factories—With Mechanical Power | | | | 30 | — | — |
| Without „ „ | | | | 29 | — | — |
| Total | | | | 59 | — | — |

| | |
|---------------------------------|-----|
| (2) Defects found in Factories. | |
| Want of cleanliness | — |
| Overcrowding | — |
| Unreasonable Temperature | — |
| Inadequate Ventilation | — |
| Ineffective Drainage of Floors | — |
| Sanitary Accommodation: | |
| (a) Insufficient | — |
| (b) Unsuitable | — |
| (c) Not separate for sexes | — |
| Other offences | — |
| Total | Nil |

SECTION D.

HOUSING.

In the area a large number of the houses accomodating the working class population—chiefly agricultural—must be considered poor.

The houses are mainly “old fashioned” cottages, relics of the past, and most of which exhibit the same faults viz:—absence of damp courses, small windows, very limited bedroom space, defective facilities for the keeping of food, unsatisfactory water supplies and primitive closet accomodation.

As mentioned in another part of this report, however, steps are now being taken to rid the country side of these hovels and the Council are preparing schemes for the erection of new houses in the areas affected.

During the year 1938, 16 houses were erected by private enterprise and 14 by the local authority.

1. Inspection of Dwelling-houses during the year:—

| | No. In- spected. | No. of In- spections. |
|--|---------------------|--------------------------|
| (1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) and the number of inspections made | 101 | 258 |
| (2) Number of dwelling houses (included under sub-head (1) above which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932, and the number of inspections made | 50 | 100 |
| (3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation | 28 | |
| (4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation | | 73 |

2. Remedy of defects during the year without service of formal notices:—

| | |
|--|----|
| No. of Defective Dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers | 49 |
|--|----|

| | |
|--|--------------------|
| 3. Action under Statutory Powers. | |
| (a) Proceedings under Sections 9, 10 and 16 of the Housing Act 1936 | |
| (1) No. of dwelling houses in respect of which notices were served requiring repairs | 1 |
| | (Work in progress) |
| (2) No. of dwelling houses which were rendered fit after service of formal notices. | |
| (a) By owner | Nil |
| (b) By Local Authority in default of owners ... | Nil |
| (b) Proceedings under Public Health Acts. | |
| (1) No of dwelling houses in respect of which notices were served requiring defects to be remedied | Nil |
| (2) No. of dwelling houses in which defects were remedied after service of formal notices: | |
| (a) By owner | Nil |
| (b) By Local Authority in default of owners | Nil |
| (c) Proceedings under sections 11 and 13 of the Housing Act, 1936. | |
| (1) No. of dwelling houses in respect of which Demolition Orders were made | 20 |
| (2) No. of dwelling houses demolished in pursuance of Demolition Orders. | Nil |
| (d) Proceedings under Section 12 of Housing Act, 1936 | |
| (1) No. of separate tenements or underground rooms in respect of which Closing Orders were made | Nil |
| (2) No. of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... | Nil |
| 4. Housing Act, 1936.—Overcrowding. | |
| (a) (I) Number of dwellings overcrowded at the end of the year | 2 |
| (II) Number of families dwelling therein | 2 |
| (III) Number of persons dwelling therein | 13½ |
| (b) (I) Number of cases of overcrowding reported during the year | — |
| (c) (I) Number of cases of overcrowding relieved during the year | Nil |
| (II) Number of persons concerned in such cases | Nil |
| (d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding | — |
| (e) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report | — |

SECTION E.

CONTROL AND SUPERVISION OF FOOD.

DAIRIES COWSHEDS AND MILKSHOPS.

There are 226 premises registered under this heading and only in 4 instances were contraventions of the regulations found to exist.

After service of informal notices, however, the necessary steps were taken by them in order to comply with the regulations.

SLAUGHTERHOUSES.

There are 24 premises on the register and on six occasions the attention of the butcher had to be drawn to minor infringements.

Matters were soon put right and call for no further comment.

TABLE VI.
CARCASES INSPECTED AND CONDEMNED.

| | Cattle exc'ding Cows. | Cows. | Calves. | Sheep and Lambs. | Pigs. |
|---|-----------------------------|-------|---------|------------------------|-------|
| No. Inspected. | 90 | Nil | 20 | 57 | 88 |
| All diseases except Tuberculosis. | | | | | |
| Whole carcasses condemned. | 1 | Nil | Nil | Nil | Nil |
| Carcasses of which some part or organ was condemned. | 3 | Nil | Nil | 1 | 1 |
| % of the no. inspected affected with disease other than tuberculosis. | 3.6 | Nil | Nil | 1.7 | 1 |
| Tuberculosis Only. | | | | | |
| Whole carcasses condemned. | Nil | Nil | Nil | Nil | Nil |
| Carcasses of which some part or organ was condemned. | 1 | Nil | Nil | Nil | Nil |
| % of the no. inspected affected with tuberculosis. | .9 | Nil | Nil | Nil | Nil |

BAKEHOUSES.

There are 17 bakehouses in the area none of which are underground. They have been well maintained during the past 12 months.

SECTION F.

CONTROL OVER AND PREVALENCE OF INFECTIOUS AND OTHER DISEASES.

NOTIFIABLE INFECTIONS DISEASES.

The incidence of infectious disease in the Rural District in 1938 remained about the average for the area. Examination of the records of the past ten years shows that during this period the average number of notifications annually amounts to 40. During 1938 the number was 38.

There were no cases of Enteric Fever and considering the condition of the water supplies in the area this must be considered a matter of good fortune.

The 12 cases of Scarlet Fever were scattered all over the Rural District and throughout the year and therefore did not form an epidemic.

Diphtheria, of which there were two cases, both treated in Hospital, did not cause any great anxiety. This was indeed fortunate in view of the epidemic in an adjacent area.

In May, 1938, the Rural District Council in conjunction with the Lindsey County Council adopted a scheme for the provision of free immunisation against Diphtheria. Certain difficulties, owing to the scattered nature of the area, have been experienced in putting the scheme into operation in every parish but a start was made during 1938 and all children, in respect of whom parents' consent was forthcoming, resident in the Rural District and attending certain schools were immunised; the schools and numbers are as follows:

| School. | Number Immunised |
|----------------------------------|---------------------|
| Kirkby-on-Bain | 8 |
| Horsington | 8 |
| Mareham-le-Fen | 21 |
| Roughton | 30 |
| Woodhall Spa | 19 |
| Children under School age | 4 |
| Total | 90 |

The method used was the injection of 0.25. cc. of Alum Precipitated Toxoid followed by the injection of 0.5 cc. of the same preparation four weeks later. "Ante-" and "Post-" Schick testing was excluded from the scheme on the ground of expenses. This is considered most unfortunate as it precludes the verification of the work done.

In connection with this work it is worthy of note that at one school—Roughton—100% of the parents consented to immunisation and all the children in attendance at this school were consequently immunised. This is an extremely good record and a tribute is due both to the head teacher for the patience employed in the gaining of these consents and to the parents for the common sense which they displayed. If the example of the residents of Roughton were to be followed by the British Nation it is not unlikely that Diphtheria in the future would become as uncommon as small-pox or typhus is today in these Islands.

The notifications of pneumonia call for little comment as the number (12) is not in any way excessive for the District. The four cases of puerperal pyrexia give an incidence rate of 22.98 per 1,000 total births. This is above the level of England and Wales but need not give rise to

any great concern when the actual number of cases is considered, though it must be borne in mind that if fuller use were made of the County Council's Maternity and Child Welfare services this figure would most probably be lower.

The two cases of acute anterior poliomyelitis represent the Rural District's share of the increased general incidence of this disease in 1938. As far as the two notifications of Dysentery are concerned the only comment called for is an expression of surprised thankfulness at the smallness of the number when the condition of the water supplies in the District is considered.

Table VII shows the incidence of notifiable infectious disease, the number of cases treated in Hospital, and the number of deaths. (As required by the Minister of Health).

TABLE VII.

| Disease | Total Notifications | Treated in Hospital | Total Deaths |
|---|------------------------|------------------------|-----------------|
| Small Pox | — | — | — |
| Scarlet Fever | 12 | 2 | — |
| Diphtheria | 2 | 2 | — |
| Enteric Fever (including Paratyphoid) .. | — | — | — |
| Pneumonia | 12 | — | 10 |
| Puerperal Pyrexia | 4 | 2 | — |
| Erysipelas | 4 | — | — |
| Acute Ant. Poliomyelitis .. | 2 | 2 | — |
| Dysentery | 2 | — | — |
| TOTAL | 38 | 8 | 10 |

NON-NOTIFIABLE INFECTIOUS DISEASES.

In a scattered agricultural district such as this Rural District it is difficult to estimate with any degree of accuracy the prevalence of the non-notifiable diseases. However, a measure of the prevalence is obtainable from the returns sent to the local Medical Officer of Health by the head teachers of schools of children absent by reason of infectious diseases. During 1938 the following numbers were returned:

| | |
|--------------------------|----|
| Measles | 37 |
| Chicken Pox | 35 |
| Rubella (German Measles) | 11 |
| Whooping Cough | 2 |

The schools affected were:—Asterby, Baumber, East Barkwith, Greetham, Hatton, Stixwould, Tetford, Tumby Woodside, Woodhall Spa, and Wragby.

On account of Rubella, Tumby Woodside School was closed by recommendation of the M.O.H. on April 6th, 1938, and Asterby from 25th April, 1938, for Measles. These were the only occasions on which school closure was recommended.

PREVENTION OF BLINDNESS.

No action was taken under Section 176 of the Public Health Act 1936.

Cases of Ophthalmia Neonatorum are now notified direct to the County Medical Officer, who forwards a copy to the District Medical Officer of Health for reference, one such notification was received during the year.

Infants suffering from Ophthalmia Neonatorum are treated by the private medical practitioner, for whose assistance nurses are provided by the Lindsey County Council.

TUBERCULOSIS.

New notifications amounted to a total of 16 (11 pulmonary and 5 non-pulmonary), while the disease accounted for 3 deaths (2 pulmonary and 1 non-pulmonary). This is shewn in tabular form as required by the Minister of Health.

TABLE VIII

| Age Periods Years. | New Cases. | | | | Deaths. | | | |
|--------------------------|------------|--------|---------------|--------|-----------|--------|---------------|--------|
| | Pulmonary | | Non-Pulmonary | | Pulmonary | | Non-Pulmonary | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 0-1 | — | — | — | — | — | — | — | — |
| 1-5 | — | — | 1 | — | — | — | — | — |
| 5-10 | 1 | — | — | — | — | — | — | — |
| 10-15 | — | 1 | 1 | — | — | — | — | — |
| 15-25 | — | 3 | — | 2 | — | — | — | — |
| 25-35 | 1 | 3 | — | — | — | — | — | — |
| 35-45 | — | 1 | — | — | 1 | 1 | 1 | — |
| 45-55 | — | 1 | — | — | — | — | — | — |
| 55-65 | — | — | — | 1 | — | — | — | — |
| 65 & upwards | — | — | — | — | — | — | — | — |
| Total | 2 | 9 | 2 | 3 | 1 | 1 | 1 | — |

On the whole the figures may be regarded as satisfactory since the average number of total notifications for the past 10 years has been 22 and deaths 5.6. The death rate from Tuberculosis is therefore 0.27 per thousand population, 1938.

CASES ON THE REGISTER.

On the 1st of January, 1938, the register shewed:

| | Males. | Females. | Total. |
|----------------------|--------|----------|--------|
| Pulmonary | 63 | 79 | 142 |
| Non-pulmonary | 19 | 23 | 42 |
| Totals | 82 | 102 | 184 |

An examination of the system of maintaining the register showed that it was extremely difficult if not impossible to keep an accurate check of all the names appearing on it, particularly in an agricultural district where many of the residents are moving from place to place at frequent intervals. It was therefore decided to revise the register completely and to introduce a modern index system. In order to do this a circular letter and stamped envelope were sent to all those appearing on the register. Those who did not reply were visited or traced through the notifying practitioner. This involved a large amount of work but since it was completed the register bears a fair degree of accuracy. In this connection a special tribute is due to the Medical Practitioners for the Rural District and to the County Medical Officer and his staff for their willing co-operation in a difficult and tiresome task. In some cases the names of persons notified in 1912 had to be traced and in others visits were paid to several addresses before the required information was obtained.

As a result of this investigation the register on December 31st showed:

| | Males. | Females. | Total. |
|----------------------|--------|----------|--------|
| Pulmonary | 35 | 47 | 82 |
| Non-pulmonary | 16 | 15 | 31 |
| | 51 | 62 | 113 |

In view of the circumstances it is practically impossible accurately to account for all the names included at the beginning of the year; however, it can be taken that the figures for December 31st include the names of all persons notified as suffering from Tuberculosis now resident in the District.

No action was taken nor was necessary under the Public Health (Prevention of Tuberculosis) Regulations of 1925 or under Section 172 Public Health Act of 1936.

W. K. MORTON & SONS,
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HORNCASTLE.